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NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
STATE BOARD OF HEALTH
MIGRANT HEALTH PROJECT

1972
ANNUAL PROGRESS REPORT



N. C. STATE BOARD OF HEALTH

MIGRANT HEALTH PROJECT
ANNUAL PROGRESS REPORT
FOR 1972

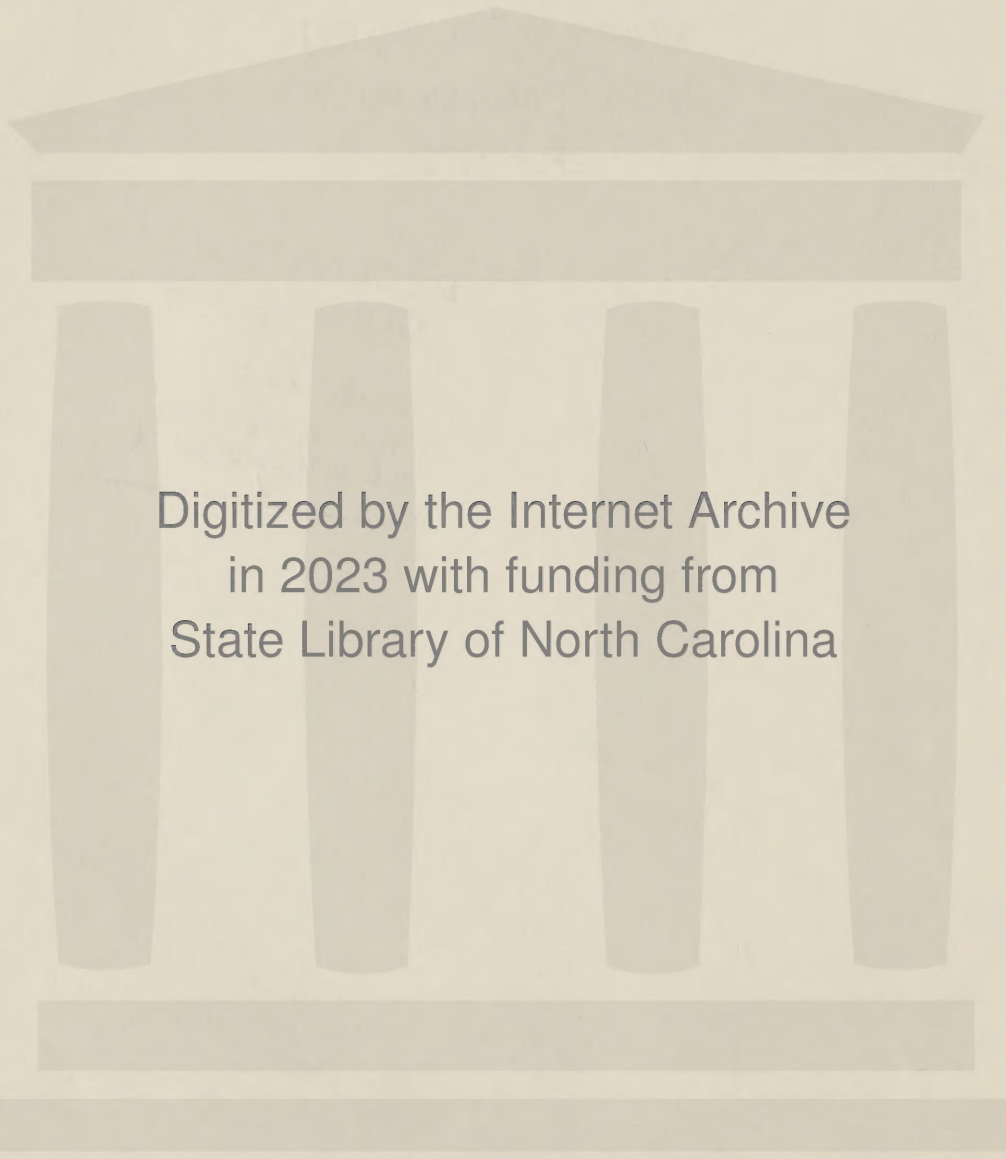
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Ronald H. Levine, M.D., M.P.H., Project Director



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ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED

January 1973

PERIOD COVERED BY THIS REPORT

FROM

THROUGH

January 1, 1972

December 31, 1972

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE

N.C. State Board of Health - Migrant Health Project

3. GRANTEE ORGANIZATION (Name & address)

N.C. State Board of Health

2. GRANT NUMBER (Use number shown on the last Grant Award Notice)

04-H-000227-10-0

4. PROJECT DIRECTOR

Ronald H. Levine, M.D., M.P.H.

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY	484	414	70*
JUNE	1350	1274	76
JULY	1539	1465	74
AUG.	454	392	62
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS	3827	3545	282

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	76*	30	46
UNDER 1 YEAR	4	1	3
1 - 4 YEARS	7	2	5
5 - 14 YEARS	19	8	11
15 - 44 YEARS	36	16	20
45 - 64 YEARS	9	3	6
65 AND OLDER	1	-	1
(2) IN-MIGRANTS:			
TOTAL	1741	1331	410
UNDER 1 YEAR	31	17	14
1 - 4 YEARS	80	45	35
5 - 14 YEARS	257	137	120
15 - 44 YEARS	1082	880	202
45 - 64 YEARS	291	252	39
65 AND OLDER			

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a. *Out-Migrants in Duplin Wayne not included.

Farm placement manifest lists Project
Survey Records

(2) DESCRIBE BRIEFLY HOW PROPORTIONS FOR SEX AND AGE FOR 5b WERE DERIVED.

6. HOUSING ACCOMMODATIONS

a. CAMPS

b. OTHER HOUSING ACCOMMODATIONS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS	33	188		6	34
10 - 25 PERSONS	25	415			
26 - 50 PERSONS	20	926			
51 - 100 PERSONS	4	212			
MORE THAN 100 PERSONS					
TOTAL *	82	1741	TOTAL *		34

* NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

7. MAP OF PROJECT AREA - Append map showing location of camps, roads, clinics, and other places important to project.

POPULATION AND HOUSING DATA

GRANT NUMBER

FOR Pasquotank COUNTY.

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ____) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (*Workers and dependents*)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY	59	59	
JUNE	288	288	
JULY	288	288	
AUG.	34	34	
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS	669	669	

b. NUMBER OF MIGRANTS DURING PEAK MONTH June 228

				TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:						
TOTAL						
UNDER 1 YEAR						
1 - 4 YEARS						
5 - 14 YEARS						
15 - 44 YEARS						
45 - 64 YEARS						
65 AND OLDER						
(2) IN-MIGRANTS:						
TOTAL				288	228	60
UNDER 1 YEAR				9	7	2
1 - 4 YEARS				3	1	2
5 - 14 YEARS				26	14	12
15 - 44 YEARS				177	137	40
45 - 64 YEARS				69	65	4
65 AND OLDER				4	4	

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	5.8 weeks	June	middle July
IN-MIGRANTS			

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	2	16
10 - 25 PERSONS	4	91
26 - 50 PERSONS	4	125
51 - 100 PERSONS	1	56
MORE THAN 100 PERSONS		
TOTAL*	11	288

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
TOTAL*		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

About 3/5 of Pasquotank County's 26,824 population is located around its only city, Elizabeth City, so this county also has a large rural area with most of the camps located at least 15-20 miles from their primary source of medical care, The Family Health Service Clinic, the three Fee for Service Physicians in the county and the project areas only hospital The Albemarle Hospital in Elizabeth City. As in the other counties no public transportation is available so here again most of the workers are completely dependent upon the crew leader for all their needs.

Changes noted:

1. Pasquotank migrants population declined from a peak of 337 in 1971 to 288 in 1972 a loss of 49 workers! This loss was totally female, however, for the male number increased by 4.
2. Increase in under age 15 population. (17 out of 337 in 1971 or 5% to 38 out of 288 or 13% for 1972)
3. Stay in county shortened, average 8 weeks in 1971 and only about 6 weeks in 1972.
4. No Mexican American workers this year.

POPULATION AND HOUSING DATA

GRANT NUMBER

FOR Camden COUNTY.

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ____) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (*Workers and dependents*)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY	20	20	
JUNE	202	202	
JULY	198	198	
AUG.	30	30	
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS	450	450	

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	5.1 wks.	June	1st week July
IN-MIGRANTS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH June 202

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	202	148	54
UNDER 1 YEAR	5	3	2
1 - 4 YEARS	13	8	5
5 - 14 YEARS	28	15	13
15 - 44 YEARS	112	81	31
45 - 64 YEARS	43	40	3
65 AND OLDER	1	1	0

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	1	6
10 - 25 PERSONS	3	65
26 - 50 PERSONS	4	131
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	8*	202

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
TOTAL*		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

Seasonal worker population showed a slight increase over 1971 (202 peak in 1972 and 192 in 1971) in this sparsely populated and rural county, population 5,453 and 239 sq. miles. Some changes noted:

1. Increase in the under age 15 population. In 1971, 29 of 192, about 15 % were under 15 while in 1972, 46 of 202 or 22% were under age 15. The male-female ratio remained about the same.
2. Average stay in the county was 1 week less in 1972- possibly due to inclement spring weather resulting in crops of lower quality and less abundant yield.

As in the past, Health and Medical services were difficult to obtain except through the Migrant Health Project services brought to the migrant in the field, in the Family Service Clinic held in the Health Department in the neighboring county, or if the need was acute, a Fee for Service Physician was seen in the next county.

*All together there were 5 campsites but 3 of these sites were occupied by completely different crews at different time. The figure 8 is to show occupancy.

POPULATION AND HOUSING DATA

GRANT NUMBER

FOR Currituck COUNTY.

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY	55	55	
JUNE	87	87	
JULY	109	109	
AUG.	8	8	
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS	259	259	

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	5 weeks	June	middle July

b. NUMBER OF MIGRANTS DURING PEAK MONTH July 109

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	109	84	25
UNDER 1 YEAR			
1 - 4 YEARS	4	2	2
5 - 14 YEARS	8	4	4
15 - 44 YEARS	71	56	15
45 - 64 YEARS	26	22	4
65 AND OLDER			

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	1	5
10 - 25 PERSONS	1	22
26 - 50 PERSONS	1	27
51 - 100 PERSONS	1	55
MORE THAN 100 PERSONS		
TOTAL*	4	109

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
TOTAL*		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

This 223 square mile county with a population of 6,976 is also thinly populated and almost completely rural. One of the project's 4 Fee for Service Physicians has an office in one end of the county, located about 40 miles from the Albemarle Hospital in Elizabeth City if such services are needed.

Changes Noted:

1. Worker population increase from 52 in 1971 to 109 in 1972 (one additional camp located here this year).
2. One decided change here was the increase in the non black worker population 9 out of 109 were non black in 1972 or 8% and 2 out of 52 or 4% in 1971.
3. Under 15 age group has decreased from 10 out of 52 or 19% in 1971 to 12 out of 109 or 11% in 1972.

POPULATION AND HOUSING DATA

GRANT NUMBER

FOR Tyrrell-Washington
COUNTY.

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE	169	169	
JULY	206	206	
AUG.	120	120	
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	5	July	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	206	145	61
UNDER 1 YEAR	4	1	3
1 - 4 YEARS	21	10	11
5 - 14 YEARS	31	12	19
15 - 44 YEARS	124	98	26
45 - 64 YEARS	24	22	2
65 AND OLDER	2	2	0

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	2	11
10 - 25 PERSONS	3	47
26 - 50 PERSONS	1	33
51 - 100 PERSONS	2	101
MORE THAN 100 PERSONS		
TOTAL*	8	192

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Gomez (Creswell)	1	6
Rodgers (Creswell)	1	8
TOTAL*	2	14

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

(1) Indicate sources of information and/or basis of estimates for 5a.

Interviews with crewleaders and home visits.

(2) Describe briefly how proportions for sex and age for 5b were derived.

Home visits

POPULATION AND HOUSING DATA

FOR Hyde COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE	197	197	
JULY	311	311	
AUG.	166	166	
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH July

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	311	194	117
UNDER 1 YEAR	4	1	3
1 - 4 YEARS	24	15	9
5 - 14 YEARS	108	56	52
15 - 44 YEARS	150	104	46
45 - 64 YEARS	25	18	7
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	5	July	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	1	6
10 - 25 PERSONS	1	13
26 - 50 PERSONS	7	292
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	9	311

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
TOTAL*		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

(1) Indicate sources of information and/or basis of estimates for 5a.

Interviews with crewleaders
Home visits

(2) Describe briefly how proportions for sex and age for 5b were derived.

Home visits

POPULATION AND HOUSING DATA
FOR Carteret COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH				b. NUMBER OF MIGRANTS DURING PEAK MONTH			
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS		TOTAL	MALE	FEMALE
JAN.				(1) OUT-MIGRANTS:			
FEB.				TOTAL			
MAR.				UNDER 1 YEAR			
APRIL				1 - 4 YEARS			
MAY	257	257		5 - 14 YEARS			
JUNE	237	237		15 - 44 YEARS			
JULY	153	153		45 - 64 YEARS			
AUG.				65 AND OLDER			
SEPT.				(2) IN-MIGRANTS:			
OCT.				TOTAL	257	200	57
NOV.				UNDER 1 YEAR	7	4	3
DEC.				1 - 4 YEARS	8	5	3
TOTALS				5 - 14 YEARS	28	18	10
c. AVERAGE STAY OF MIGRANTS IN COUNTY				15 - 44 YEARS	122	96	26
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	45 - 64 YEARS	86	71	15
OUT-MIGRANTS				65 AND OLDER	6	6	0
IN-MIGRANTS	10 weeks	last week April	second week July				

6. HOUSING ACCOMMODATIONS

a. CAMPS			b. OTHER HOUSING ACCOMMODATIONS		
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	0	0	Crew Leaders separate	4	20
10 - 25 PERSONS	7	202	quarters		
26 - 50 PERSONS	1	55			
51 - 100 PERSONS	0	0			
MORE THAN 100 PERSONS	0	0			
TOTAL*			TOTAL*		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

POPULATION AND HOUSING DATA

FOR Duplin COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ____) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY	23	23	
JUNE	94	94	
JULY	196	196	
AUG.	34	34	
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

				TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:						
TOTAL						
UNDER 1 YEAR						
1 - 4 YEARS						
5 - 14 YEARS						
15 - 44 YEARS						
45 - 64 YEARS						
65 AND OLDER						
(2) IN-MIGRANTS:						
TOTAL				363		
UNDER 1 YEAR				2	1	1
1 - 4 YEARS				7	4	3
5 - 14 YEARS				28	18	10
15 - 44 YEARS				308	290	18
45 - 64 YEARS				18	14	4
65 AND OLDER				0	0	0
c. AVERAGE STAY OF MIGRANTS IN COUNTY						
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)			
OUT-MIGRANTS						
IN-MIGRANTS	12	May	August			

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

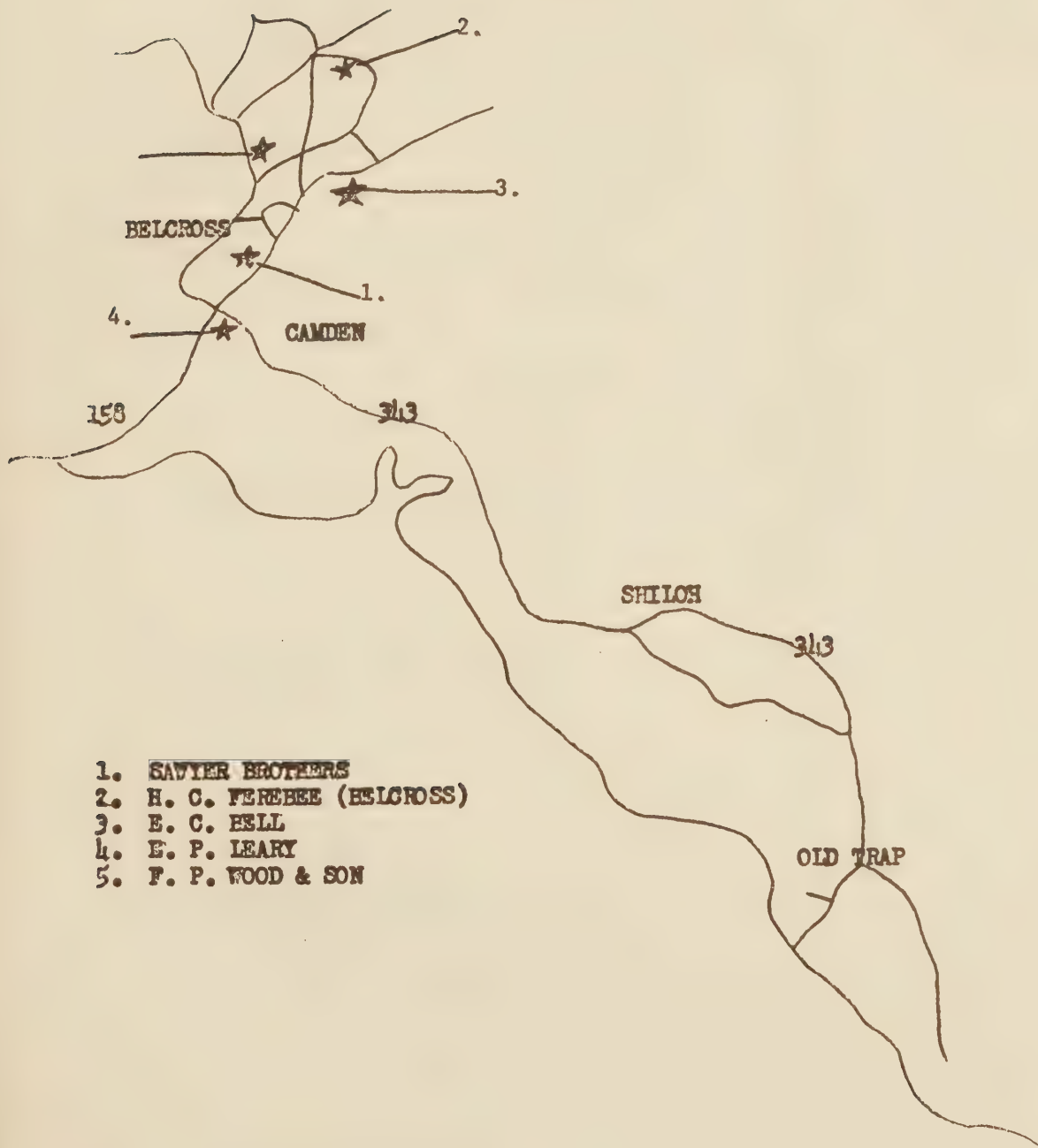
b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
TOTAL*		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

CAMDEN COUNTY



1. SAVIER BROTHERS
2. H. C. FEREBEE (HELCROSS)
3. E. C. BELL
4. E. P. LEARY
5. F. P. WOOD & SON

CURRITUCK COUNTY

2

MIGRANT CAMPS

1-GRIGGS PRODUCE

2-J. FEREBEE

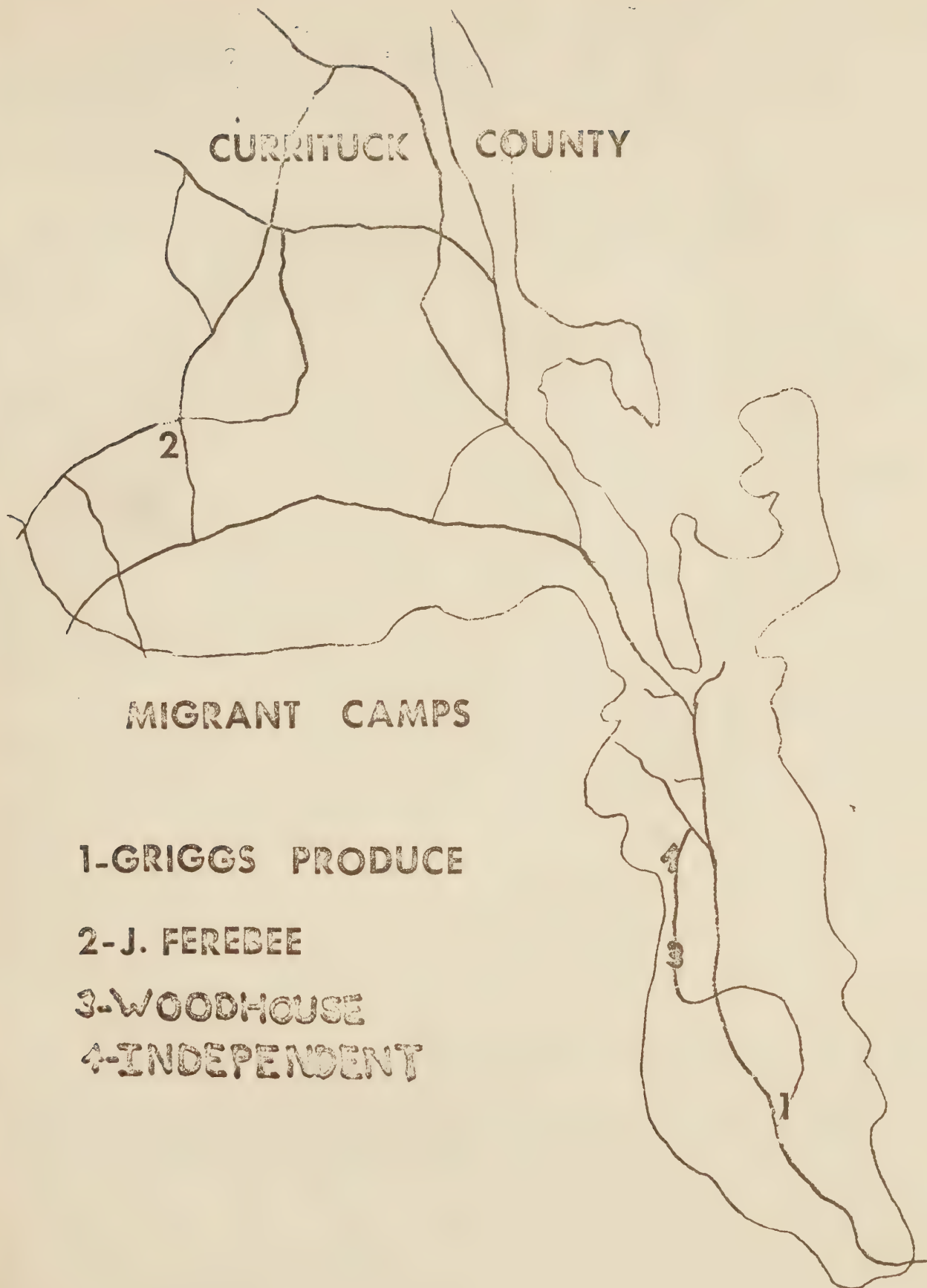
3-WOODHOUSE

4-INDEPENDENT

4

3

1



GRANT NUMBER

DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	564	339	225	927
UNDER 1 YEAR	24	10	14	
1 - 4 YEARS	53	30	23	
5 - 14 YEARS	105	54	51	
15 - 44 YEARS	285	163	123	
45 - 64 YEARS	94	79	15	
65 AND OLDER				

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC?	346
(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS)	166
(3) Emergency Room	52

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients (exclude newborn)	16
No. of Hospital Days	154

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL	277	228	49
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES-TOTAL	137	46	91
(1) CASES COMPLETED	91	44	47
(2) CASES PARTIALLY COMPLETED	23	2	21
(3) CASES NOT STARTED	23		23
c. SERVICES PROVIDED - TOTAL	280	142	138
(1) PREVENTIVE	169	128	41
(2) CORRECTIVE-TOTAL	40	12	28
(a) Extraction	50	1	49
(b) Other	21	1	20
d. PATIENT VISITS - TOTAL	277	228	49

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMplete SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	21	7	13	1		19	9
SMALLPOX							
DIPHTHERIA	5	2	3			5	
PERTUSSIS	5	2	3			5	
TETANUS	5	2	3			5	9
POLIO	3	1	1	1		4	
TYPHOID							
MEASLES	3		3				
OTHER (Specify)							

REMARKS

Changes Noted:

1. A great increase in number of workers receiving medical care in 1972. Most of this increase was in the Family Service clinics.
2. Decreased need for hospitalization in 1972.

ART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

GRANT NUMBER

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.		TOTAL ALL CONDITIONS _____	1229	658	571
01-		INFECTIVE AND PARASITIC DISEASES: TOTAL _____	90	45	45
010		TUBERCULOSIS _____	5	1	4
011		SYPHILIS _____	5	5	
012		GONORRHEA AND OTHER VENEREAL DISEASES _____	12	8	4
013		INTESTINAL PARASITES _____	11	9	2
		DIARRHEAL DISEASE (infectious or unknown origins):			
014		Children under 1 year of age _____	6	2	4
015		All other _____	30	11	19
016		"CHILDHOOD DISEASES" - mumps, measles, chickenpox _____			
017		FUNGUS INFECTIONS OF SKIN (Dermatophytoses) _____	5	3	2
019		OTHER INFECTIVE DISEASES (Give examples):			
		Tinea-Scalp _____	6	2	4
		Pediculosis-Pubic _____	2	1	1
		Scabies _____	5	2	3
		Tick Bite _____	3	1	2
02-		NEOPLASMS: TOTAL _____			
020		MALIGNANT NEOPLASMS (Give examples):			

025		BENIGN NEOPLASMS _____			
029		NEOPLASMS of uncertain nature _____			
03-		ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL _____	81	26	55
030		DISEASES OF THYROID GLAND _____	4	2	2
031		DIABETES MELLITUS _____	12	3	9
032		DISEASES of Other Endocrine Glands _____	1	1	
033		NUTRITIONAL DEFICIENCY _____	8	2	6
034		OBESITY _____	49	14	35
039		OTHER CONDITIONS _____	4	3	1
		_____	3	1	2
04-		DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL _____	35	9	26
040		IRON DEFICIENCY ANEMIA _____	35	9	26
049		OTHER CONDITIONS _____			
05-		MENTAL DISORDERS: TOTAL _____	18	7	11
050		PSYCHOSES _____			
051		NEUROSES and Personality Disorders _____			
052		ALCOHOLISM _____	7	4	3
053		MENTAL RETARDATION _____			
059		OTHER CONDITIONS _____ Nervosity	11	3	8
06-		DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS: TOTAL _____	72	25	47
060		PERIPHERAL NEURITIS _____			
061		EPILEPSY _____	26	6	19
062		CONJUNCTIVITIS and other Eye Infections _____	20	9	11
063		REFRACTIVE ERRORS of Vision _____	3	1	2
064		OTITIS MEDIA Perforated Tympanic Membrane, Impaired hearing	3	1	2
069		Cataract _____	10	5	5
		OTHER CONDITIONS _____			
		Chronic Urticaria, Penicillin Reaction	7	2	5
		Viral meningitis	3	1	2

PART II - 5. (Continued)			GRANT NUMBER		
ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	178	52	126
	070	RHEUMATIC FEVER			
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	6	2	4
	072	CEREBROVASCULAR DISEASE (Stroke)	8	2	6
	073	OTHER DISEASES of the Heart	12	2	12
	074	HYPERTENSION	97	32	65
	075	VARICOSE VEINS			
	079	OTHER CONDITIONS Dependent Edema	53	14	39
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	114	74	40
	080	ACUTE NASOPHARYNGITIS (Common Cold)	97	63	34
	081	ACUTE PHARYNGITIS	4	2	2
	082	TONSILLITIS	3	3	
	083	BRONCHITIS	5	2	3
	084	TRACHEITIS/LARYNGITIS			
	085	INFLUENZA			
	086	PNEUMONIA			
	087	ASTHMA, HAY FEVER	4	3	1
	088	CHRONIC LUNG DISEASE (Emphysema)			
	089	OTHER CONDITIONS Parosmia	1	1	
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	342	261	81
	090	CARIES and Other Dental Problems	277	228	49
	091	PEPTIC ULCER	2	2	
	092	APPENDICITIS	1	1	
	093	HERNIA	4	1	3
	094	CHOLECYSTIC DISEASE			
	099	OTHER CONDITIONS Gastritis	58	29	29
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	58	28	30
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	18	6	12
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	5	2	3
	102	OTHER DISEASES of Male Genital Organs	9	8	1
	103	DISORDERS of Menstruation	13	6	7
	104	MENOPAUSAL SYMPTOMS			
	105	OTHER DISEASES of Female Genital Organs	6	4	2
	109	OTHER CONDITIONS	4	1	3
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	8	3	5
	110	INFECTIONS of Genitourinary Tract during Pregnancy			
	111	TOXEMIAS of Pregnancy			
	112	SPONTANEOUS ABORTION	4	2	2
	113	REFERRED FOR DELIVERY			
	114	COMPLICATIONS of the Puerperium			
	119	OTHER CONDITIONS Fluid Retention	4	1	3
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	95	54	41
	120	SOFT TISSUE ABSCESS OR CELLULITIS	28	13	15
	121	IMPETIGO OR OTHER PYODERMA	16	11	5
	122	SEBORRHEIC DERMATITIS			
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS and Hives	21	11	10
	124	ACNE			
	129	OTHER CONDITIONS Sores	26	16	10
		Poison Oak	2	1	1
Severe Diaper Rash			2	2	

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
II.	13-	<u>DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL</u>	33	11	22
	130	RHEUMATOID ARTHRITIS	2	2	
	131	OSTEOARTHRITIS			
	132	ARTHRITIS, Unspecified	6	2	4
	139	OTHER CONDITIONS <u>Muscle Spasm- Atypical Torticollis</u>	22	6	16
			3	1	2
V.	14-	<u>CONGENITAL ANOMALIES: TOTAL</u>			
	140	CONGENITAL ANOMALIES of Circulatory System			
	149	OTHER CONDITIONS			
V.	15-	<u>CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL</u>			
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
VI.	16-	<u>SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL</u>	29	20	9
	160	SYMPTOMS OF SENILITY			
	161	BACKACHE	3	3	
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	5	5	
	163	HEADACHE	20	11	9
	169	OTHER CONDITIONS <u>Chest Pain</u>	1	1	
VII.	17-	<u>ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL</u>	76	43	33
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	48	29	19
	171	BURNS	1	1	
	172	FRACTURES	3	1	2
	173	SPRAINS, STRAINS, DISLOCATIONS	20	10	10
	174	POISON INGESTION			
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	4	2	2
			NUMBER OF INDIVIDUALS		
6.	2--	<u>SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL</u>	1288		
	200	FAMILY PLANNING SERVICES	30		
	201	WELL CHILD CARE	133		
	202	PRENATAL CARE	21		
	203	POSTPARTUM CARE	5		
	204	TUBERCULOSIS: Follow-up of inactive case	8		
	205	MEDICAL AND SURGICAL AFTERCARE	42		
	206	GENERAL PHYSICAL EXAMINATION	79		
	207	PAPANICOLAOU SMEARS	15		
	208	TUBERCULIN TESTING	360		
	209	SEROLOGY SCREENING	82		
	210	VISION SCREENING	1		
	211	AUDITORY SCREENING			
	212	SCREENING CHEST X-RAYS	37		
	213	GENERAL HEALTH COUNSELLING	177		
	219	OTHER SERVICES: <u>Urine Screening</u>	139		
		(Specify) <u>Hemoglobin Screening</u>	118		
		<u>Stools for Parasites</u>	28		
		<u>7 SMA-12's & 3 Blood Sugars</u>	10		
		<u>PKU</u>	3		

PART III - NURSING SERVICE

GRANT NO.

TYPE OF SERVICE	NUMBER
NURSING CLINICS	
a. NUMBER OF CLINICS _____	42
b. NUMBER OF INDIVIDUALS SERVED - TOTAL _____	623
FIELD NURSING:	
a. VISITS TO HOUSEHOLDS _____	1078
b. TOTAL HOUSEHOLDS SERVED _____	455
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS _____	843
d. VISITS TO SCHOOLS, DAY CARE CENTERS _____	41
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS _____	148
CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL _____	448
(1) Within Area _____	375
(Total Completed _____ 278 _____)	
(2) Out of Area _____ (are being sent) _____	81
(Total Completed _____ 28 _____)	
b. REFERRALS MADE FOR DENTAL CARE: TOTAL _____	270
(Total Completed _____ 114 _____)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL _____	15
(Total Completed _____ 14 _____)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service) _____	50
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES _____	14
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL _____	638
(1) Number presenting health record. _____	47
(2) Number given health record _____	123
OTHER ACTIVITIES (Specify):	

REMARKS

PART IV - SANITATION SERVICES

GRANT NUMBER

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS _____	See narrative part of report			
OTHER LOCATIONS _____				
HOUSING UNITS - Family:	for statistical data			
IN CAMPS _____				
IN OTHER LOCATIONS _____				
HOUSING UNITS - Single				
IN CAMPS _____				
IN OTHER LOCATIONS _____				

TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

ITEM	NUMBER OF LOCATIONS INSPECTED*		TOTAL NUMBER OF INSPECTIONS		NUMBER OF DEFECTS POUND		NUMBER OF CORRECTIONS MADE	
	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
LIVING ENVIRONMENT:	See narrative part for statistical data							
a. WATER _____								
b. SEWAGE _____								
c. GARBAGE AND REFUSE _____								
d. HOUSING _____								
e. SAFETY _____								
f. FOOD HANDLING _____								
g. INSECTS AND RODENTS _____								
h. RECREATIONAL FACILITIES _____								
WORKING ENVIRONMENT:								
a. WATER _____	XXXX		XXXX		XXXX		XXXX	
b. TOILET FACILITIES _____	XXXX		XXXX		XXXX		XXXX	
c. OTHER _____	XXXX		XXXX		XXXX		XXXX	

Locations - camps or other locations where migrants work or are housed.

PART V - HEALTH EDUCATION SERVICES (By type of service, personnel involved, and number of sessions.)

TYPE OF HEALTH EDUCATION SERVICE	NUMBER OF SESSIONS					
	HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES (other than Health Ed.)	OTHER (Specify)
SERVICES TO MIGRANTS						
(1) Individual counselling _____	242	317	518	56	489	47
(2) Group counselling _____	18	2	8	14	43	clerks & receptionists
SERVICES TO OTHER PROJECT STAFF						
(1) Consultation _____	42		29	15	28	
(2) Direct services _____	8	-	-	-	-	-
SERVICES TO GROWERS:						
(1) Individual counselling _____	7	-		189	52	
(2) Group counselling _____	5	-		27	17	-
SERVICES TO OTHER AGENCIES OR ORGANIZATIONS:						
(1) Consultation with individuals _____	25	-	41	29	79	
(2) Consultation with groups _____	15	-	24	41	45	
(3) Direct services _____	2	-				
HEALTH EDUCATION MEETINGS _____	11		18	3	72	-

INTRODUCTION

The State Migrant Health Project operates from the State Board of Health, Community Health Division. The project serves migrant farm workers in several areas in North Carolina.

Four other local migrant health projects are in operation during the migrant season in the following areas:

1. The Henderson County Migrant Health Project serves 1200 migrants in Henderson County, Hendersonville, North Carolina.
2. The Johnston County Migrant Health Project in Smithfield, North Carolina, serves about 990 migrants.
3. The Sampson County Migrant Health Project serves 1400 migrants in the county operating from Clinton, North Carolina, and based at the county health department.
4. The Wilson-Greene Migrant Health Project based at the health department in Wilson serves the 1200 migrants, or so, in the three counties of Wilson, Nash, and Greene.

The service programs of each local project are discussed in their own annual progress reports. This report discusses the services and accomplishments of only the State Migrant Health Project.

Until 1970, the state project was merely a consultative unit to the local projects and communities. While continuing with this type of activity, the state project in 1971 became involved in rendering direct health and medical care to migrants who were not reachable by the local projects, using the multicounty approach in organizing the delivery of care. By the close of 1972, the state project became the principal provider of health care to a migrant population of 2200 at the peak of the season in the eastern and southeastern regions of the state where the concentration of the migrant population is high. The project also is expanding to provide health care to the home based North Carolina migrants on year-round basis, through a new approach using the medical mobile unit. The target population in the coming year will total 6000 people, of whom 1000 are North Carolinians receiving a year-round service.

The state project's involvement in rendering comprehensive medical care to migrant populations came about in 1970 when it became too costly for the funding federal resources to finance projects serving one county with a relatively small number of migrants. Such services were phased out. The state project, because of its flexibility of providing services where needed and because of its ability to use the multi-county or regional approach, was a convenient mechanism for undertaking the direct delivery of care to the migrant populations. The experience of the past has proved

the effectiveness and efficiency of the project in providing health care services to migrants.

Over the past two years, under the direction of Dr. Ronald Levine, the project continued to expand, and the gap between health needs and health services became narrower and narrower. The commendable efforts of the local health departments and the vast volume of services they had provided--free to the project and to the consumer--were significant factors in bringing all this about. The involvement of the consumers themselves in the planning and development of the services contributed to the high degree of utilization on the part of the target population.

A. SUMMARY

I. General Information

a. The North Carolina State Board of Health Migrant Health Project report covers the period from January 1, 1972, through December 31, 1972. The budget period ends in June 30, 1973, but our activities in rendering medical care will continue because the Project is providing primary medical care to the home-based migrants in the Duplin-Wayne area, on a year-round basis.

b. Objectives, as listed in last year's approved application, were:

1. Continuation of the consultative and supportive services of the Project
2. Provision of direct medical care to migrants in the eastern regions of the state, including Carteret County
3. Provision of direct medical care to migrants in the Duplin-Wayne area, including the home-based migrants on a year-round basis.

Fee-for-service and family health service clinics were to be used. Coordination with other agencies, community organization, and developing consumer boards were high priorities.

4. Another goal was to assist one potential HMO study the feasibility of including migrants

in their services under a prepaid capitation system.

c. Changes in objectives: The changes from the preceding year were:

1. Expansion of services to the Carteret area, and to the Duplin-Wayne area of the state. This represents an expansion of Project's activities
2. The objective of feasibility study by a HMO was a reflection of a future trend as communicated to the Project by the HSMHA staff of Region IV in Atlanta.

d. Changes in the migrant situation:

The number of migrants in the northeastern counties remained stable with a slight increase over the past year. A slight decrease in the female migrant population in the Elizabeth City area was offset by an increase in the age group, 5-14 years, and also by an increase in the age group, 15-44 years, in Hyde County.

More migrants came to the central eastern part of the state around Nash and Wilson Counties. These were served by the Wilson-Greene Migrant Health Project. In the Carteret area, more migrants this year came to work near the borderline of the county in Pamlico. The number of migrants in Johnston and Sampson Counties also showed a slight

increase. In Henderson County, there seemed to be a greater need for migrants this year to harvest the 5,000,000 bushels of apples, and school children were used after school hours to alleviate the crisis. In general, our records indicate a slightly higher number of migrants coming into North Carolina this year. Also, the number of older migrants is growing less, and younger crews seem to be the future trend.

II. Relationships with Others--and Planned Involvement of Migrants

The Project, together with other projects and agencies on the state level that provide services of any kind to migrants, had formed the North Carolina State Committee on Services to Migrants. The Committee has developed local and regional counterparts called "local migrant councils." These local councils are inter-agency committees for the purpose of coordination and, when feasible, joint planning.

The Project's coordination activities with other agencies were not limited to the work of the 'State Committee on Services to Migrants.' Much of joint planning and coordination was done outside the Committee, when two agencies needed to get together and coordinate or plan their activities. An excellent example of joint planning and good coordination occurred when the North Carolina Council of Churches

Migrant Project (now known as the Migrant and Seasonal Farm Workers' Association, Inc.) planned for hospitalization and additional health services for family planning clients. The planning was done by the Project staff and the Association staff and with the early involvement of the local community.

The Project continued to provide assistance to local projects in involving the migrants in planning and in developing project policy boards.

The State Project's involvement of migrants was a continuous activity. Sub-groups of migrant representatives have been active in areas where services were rendered by the state project. The first sub-committee of the project board for the northeastern region met June 9, 1972, early in the season, and migrants' viewpoints were considered in the planning of service delivery. This first meeting sparked a series of subsequent meetings, and migrants' input in the planning of services was secured.

The Project is putting more emphasis on the Duplin-Wayne area where services are year-round and provide an excellent opportunity for the proper development of the Policy Board. Further information on the Project's Policy Board will be discussed under the section on "Community Participation" of this report.

The Project worked with all the agencies involved in providing services to migrants, as mentioned earlier. Among these agencies are the North Carolina Council of Churches, the North Carolina Department of Public Instruction, the North Carolina Department of Social Services, Vocational Rehabilitation and others. Coordination with other services of the State Board of Health was undertaken by the Project. The Project also attracted funds from the North Carolina Regional Medical Program for serving the homebased migrants through a mobile medical clinic. They also supported two year-round field nursing personnel. Support was obtained also from the East Coast Migrant Health Project who provided a nurse and a health aide as associating staff in Johnston County.

III. Staff Orientation and Training

The first orientation workshop was held in Edenton, North Carolina, for the staff serving the six-county region. It included nursing, health education, clerical staff and health aides. It was attended also by regional nursing consultants and nursing supervisors of local health departments in the region. The state project's director and consultants provided the training. Several workshops followed for other regions of the state where local projects were involved. Procedures for policy board development were discussed in the training

sessions. Also, recent trends in migrant health services and the techniques of reporting were included.

These training sessions were strengthened by consultation visits made regularly and served as in-service training for the staff.

The annual conference on services to migrants was held on June 21 and 22, 1972, in Mount Olive, North Carolina, and was sponsored by the "State Committee on Services to Migrants." Growers and migrants participated.

A great deal of input from migrants was achieved in the area of health care. Staff from local, regional, and state level of the various agencies attended the conference. The conference devoted a good deal of time to discussing the strengthening of the local coordinating groups known as "local migrant councils."

It was reported in previous annual reports that North Carolina has established a training program for its crew leaders. Every year two schools are held in winter and early spring in two locations in North Carolina. Each school provides a ten-week training program to twenty crew leaders, thus a total of 40 crew leaders are trained every year. Most agencies involved in services to migrants take part. The state project plans a one-week program of health education on problems the trainees feel they would like to discuss. This

usually is strengthened by another week of sanitation education carried out by the State Board of Health, Sanitation Section, and usually a week of self-help training in how to handle emergencies. Several sections and services of the State health department are pulled together and coordinated to present a health program. The final evaluation of the health component of the training of crew leaders made by the crew leaders themselves has placed the health program as the most popular part of the total training course.

During these schools, the Project invites the crew leaders' wives or husbands--as the case may be--to participate; an average of 15 more people join the group. Another thing the project provides is a medical examination for the whole group. These activities are well-received by the migrants. In counties where these schools were held (Wilson and Bladen) the local health departments were active in helping with the education and demonstrations as well as with the medical examinations and follow-up.

The project staff planned and implemented the training of the personnel from the North Carolina Council of Churches involved in the family planning program which provided hospitalization and care to pregnant women and infants of seasonal farm workers.

The project also participated in providing training to school teachers in those schools that served migrant children.

Consultation has been continuously received by the state project from the Region IV office and also through the Regional Conference held in Tampa, Florida, late in October 1972.

IV. Appraisal of Year's Achievement:

Providing consultative and supportive services went on very well, both to local projects, to state agencies, and to local communities with migrants.

The provision of primary health care to migrants in the six counties in northeastern North Carolina was well accomplished (refer to the Medical Section of this report).

The provision of primary medical care to migrants in and around Carteret, and in Duplin-Wayne, was achieved. A migrant population of 2200 people was served. A total of 564 people actually received medical services because of sickness conditions, compared to 370 people in 1971. More people could have received the services had the medical mobile unit arrived in time. A total number of 1288 individuals received preventive medical service of one type or another, most often a combination of preventive services. The achievement this year in terms of quantity and quality of primary health care has been far greater than ever before.

The reasons for these accomplishments were many: the strong support of the local community groups and agencies, and the support of the professional groups, the work of the local health departments, the input of the migrant farm workers themselves, and the early planning of services with the involvement of the local groups as well as state-level agencies; and finally, the strong support from the other programs of the North Carolina State Board of Health.

The only objective that had to be modified was the one involving the HMO feasibility study. This modification came about as a result of HSMHA Region IV instructions to put funds for the feasibility study in an existing project. Wilson County was chosen for this purpose and was funded to conduct the study.

In general, the project objectives were well met.

In the future, the objectives will be maintained.

Administration mechanisms will be developed to insure third party reimbursement. A change in staffing will occur to meet the present day needs. Among other things, the project will have an administrator, a nursing consultant and community participation and development specialist.

B. MEDICAL AND DENTAL SERVICES

The North Carolina State Board of Health-Migrant Health Project was the principal provider of ambulatory care to migrants in 1972. Operating in a wide area covering the counties of Pasquotank, Camden, Currituck, Washington, Tyrrell, Hyde, Carteret, Duplin-Wayne. These areas are in the northeastern, eastern, and southeastern parts of the state.

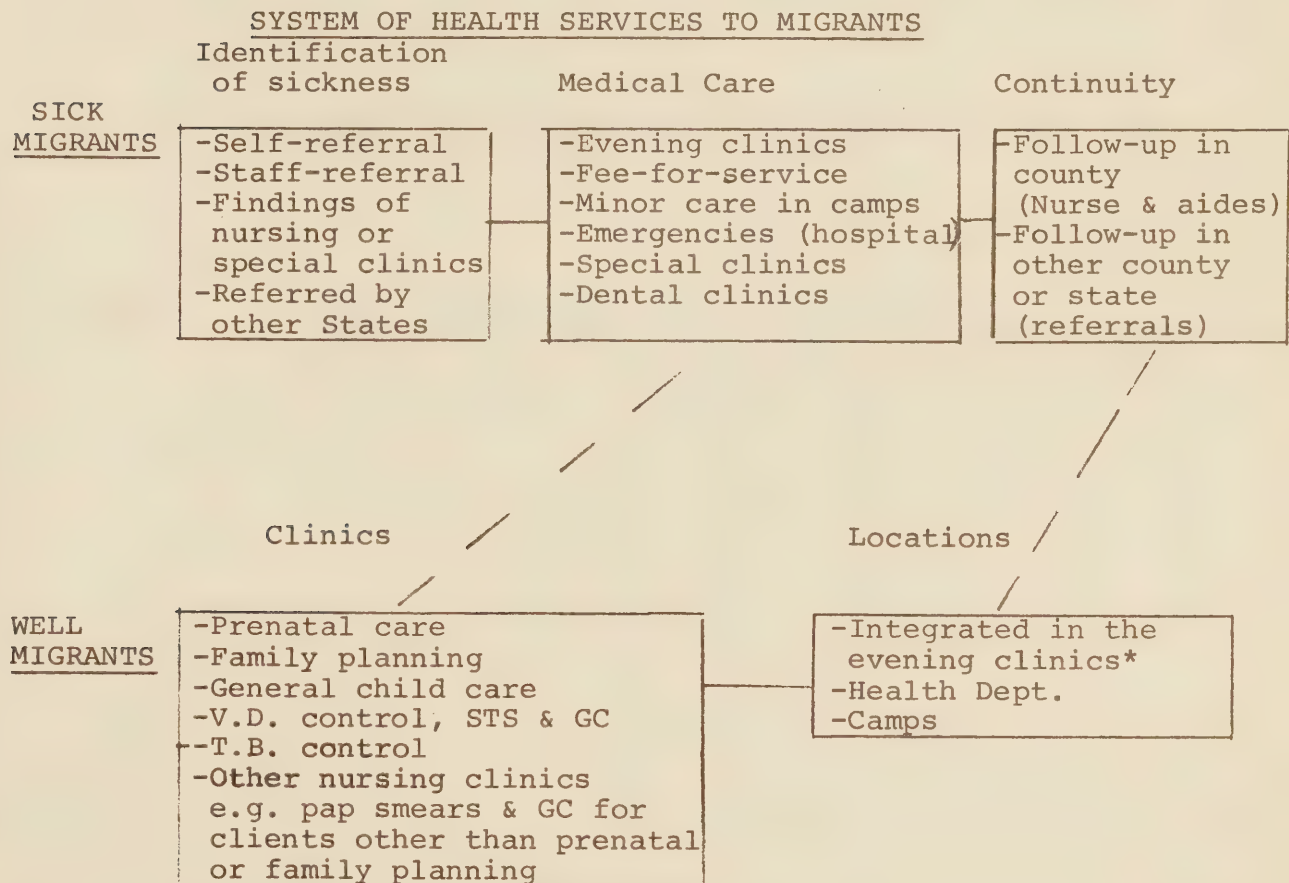
The specific objective of medical care was to provide as high a quality of care as possible to all sick migrants needing care, and to provide the whole gamut of health maintenance services such as family planning, maternal and child care, tuberculosis control, venereal disease control, etc.

The identification of sick migrants was done through the following mechanisms:

1. Self-identification of sickness by the migrant who presented himself to the project staff, or to the location of service known to the migrant
2. Home visits by project nurses and other personnel
3. Interstate referrals
4. Findings of specialized clinics such as prenatal, diabetic, tuberculosis control...

The system of services consisted of evening family health service clinics, "fee-for-service" in private physicians' offices, hospital out-patient departments, and emergency room services. Some minor conditions were treated in

migrant camps by nursing personnel following standing orders of project physicians. The following diagram represents the general system of services.



*As many preventive services as possible integrated in the evening family health clinic.

The number of evening health clinics held differed from one place to another. The following table shows the numbers of migrants served per type of clinic in the various geographical areas served by the Project.

NUMBER OF MIGRANTS SERVED AND TYPE OF SERVICE PER
GEOGRAPHICAL AREA, NORTH CAROLINA

Migrant Health Project Records - 1972

Type of Service or Clinic	Number Served and Geographical Area					TOTAL
	Washington- Tyrrell	Hyde	Pasquotank- Currituck- Camden	Carteret	Duplin- Wayne*	
Family Health Service Clinic	17	64	151	90	24	346
Fee-for-Service	80	11	12	55	8	166
Emergency Room	3	2	34	7	6	52
Hospitalized	6	1	2	3	4	16
Dental Care	4	7	20	68	15	114
Individuals Seen for Conditions Without Sickness	130	111	306	257	484	1288

*Services in Duplin-Wayne are year-round. These figures represent services to out-of-state migrants during the season of 1972.

The table shows that a total of 564 patients were seen by physicians in the family health service clinics, the physicians offices, and the hospitals' emergency rooms.

This, compared to 370 patients seen last year represents an increase of 194 in the patient population. The large

majority of patients were seen in the evening family health service clinics. These patients made 927 visits to the clinics.

Although there is still a need for improving dental care services, 114 persons received dental care this year compared to 29 persons last year. Those receiving services last year were all over 15 years of age. This year, 68 adults and 46 children received the dental services.

Also, there was an increase in the number of people receiving preventive and health maintenance services: 1288 in 1972, compared to 1038 in 1971.

These accomplishments represent a great improvement over the previous year.

C. Hospital Services

During the season, 16 migrants in the areas served by the project were hospitalized, and in-patient care was paid for from different resources. A total of 154 hospital days would cost these resources over \$10,000.00. Despite this, many needs in in-patient care were not met. The need for project funds for hospitalization is as great as ever.

ADDITIONAL INFORMATION ON MEDICAL SERVICES BY GEOGRAPHICAL REGION:

1. Washington-Tyrrell-Hyde Region

- a. Health Maintenance Clinics: were held on Wednesdays in Plymouth and on Mondays in Columbia, North Carolina, to provide family planning and prenatal

care services. General clinics were held by Dr. John Sledge on Tuesdays in Hyde County.

- b. Special Clinics: Dr. John Fletcher, a pediatrician with the State Board of Health, held a special pediatric screening clinic on July 3, 1972, at the Tyrrell County Health Department which was attended by 40 children.

A tuberculin skin testing clinic was held August 1, 1972, in the Lake Phelps Camp, Tyrrell County.

Forty workers were screened; positive readings were followed by X-rays on August 8, 1972.

Twenty-two persons were X-rayed.

- c. Medical Treatment: Drs. Robert Albanese and Arturo deLeon treated patients in their offices at the St. Luke Clinic in Columbia. Approximately 75 visits were made to their office. Drs. Boyette and Wright treated 25 patients in Belhaven on a fee-for-service basis.

In addition, over 150 treatments were administered as per standing orders by Mrs. Bateman to children in the Child Development Centers in Tyrrell County and by Mrs. Bouchard in Hyde County Centers.

- d. Dental Care: Dental Care Services were rendered through the mobile dental unit by Dr. Hastings, a State Board of Health dentist.

2. Pasquotank-Camden-Currituck Region

- a. Health Maintenance Clinics: were held in camps, schools, health departments and the evening clinics. Thirteen percent of the 15-44 female age group have had pap smears (all that were needed), and over 25 percent started or continued on some type of family planning. Seventy-five persons received blood tests. Seventy-five children were given hemoglobin screening. One hundred thirty-nine urine samples were tested in camps. One hundred sixty-eight persons were screened for weight. Seven SMA-12 tests were done. All needing follow-up care were referred.
- b. Medical Treatment Clinics: included evening family health service clinics. Seven such clinics were held. Emergency rooms of the hospital, and four private physicians' offices were used on fee-for-service basis. Major diseases encountered were: heart conditions, epilepsy, gonorrhea, skin diseases, diarrheas, diabetes, muscle spasms, drug reactions, accidents, and asthma.
- c. Dental Care: dental services were provided by Dr. Wiley Hines, a State Board of Health dentist who provided service and consultation. He examined 115 people and provided services to 22 persons which included 78 preventive services, 16 extractions, and

20 fillings. This compares very favorably with 1971 when only 2 migrants received the services of a dentist.

3. Carteret-Pamlico Area

- a. Health Maintenance Clinics: were providing services at the Carteret County Health Department as well as at the evening clinics held by the project physician. Multiphasic screening was offered and uncovered many chronic ailments that were followed up medically. Tuberculosis testing was carried out in each migrant camp. Family planning and prenatal care services were provided to all persons needing them. In addition, all children received a developmental testing examination done in schools by State Board of Health specialists.
- b. Medical Treatment: services were offered at the evening family health service clinics held by Dr. L. Fulcher on Mondays, Wednesdays, and Fridays. Several patients were referred to the private physician's office.
- c. Dental Care: Services were provided in evening dental clinics held by Dr. James McPherson of the State Board of Health. One hundred sixty-two persons were examined and 68 needed and were provided services.

4. Duplin-Wayne Area

This is a new project area where services are intended to be year-round so that home-based migrants can receive the services as of January 1, 1973. This report covers only the services to the out-of-state migrants who came to Duplin and Wayne Counties during the 1972 season. Because the mobile medical unit (purchased by the N. C. Regional Medical Program) did not arrive in time, the migrants were served through stationary clinics held at the Duplin County Health Department on Tuesdays and Fridays by Dr. R. Lewis from neighboring Sampson County. Duplin County suffers from a drastic shortage of physicians.

- a. Health Maintenance Services: were provided at the health department, as well as in migrant camps. In these clinics, migrants received tuberculosis control services and screening for venereal diseases. Family planning and prenatal care services were integrated in the evening clinics.
- b. Medical Treatment: was provided through the evening family health service clinics held Tuesdays and Fridays, and by referral to private physicians and to the hospital emergency room.

The Project was able to assist another voluntary agency (N.C.C.C.) to obtain a grant that provides hospital in-patient care to prenatal and family planning clients. This was a major achievement.

Three migrant women received hospital deliveries through the said grant.

Mark, Jr., age 6, arrived June 16 in Camden, North Carolina, with his family and other crew members from Elkton, Florida. According to his history, Mark became ill in transit with increasing symptoms of lethargy, sleepiness, irritability, frequent and projectile vomiting and high fever. On June 17 he was taken to the emergency room of the Albemarle Hospital and after work-up, the laboratory findings were compatible with a diagnosis of Meningitis-type unknown. This fee was paid by the Migrant Health Project. On the same day, the child was transferred to the King's Daughters Hospital in Norfolk, Virginia, where he received large doses of ampicillin and supportive care. The meningitis was found to be viral in nature and he recovered quickly and was discharged June 24 to have follow-up care at the nearest medical facility.

Mark's entire family was followed in camp, before, during, and after his release from the hospital. A younger brother Tony, age 2, was immediately sent to one of the project physicians when he developed fever and respiratory symptoms. Fortunately he seemed to have had only a nasopharyngitis, was placed on medication and sent back to camp. Other brothers and sisters were treated for infected sores, his mother was continued on birth control medication and when Mark, Sr., became ill, appointments were made for both Mark, Jr., and Mark, Sr., at the Family Health Service clinic in Elizabeth City, N. C. Mark, Jr., on July 13, was pronounced a well child with no residual effects from the meningitis and Mark, Sr., was given support and the appropriate medications were ordered for his nerves and stomach distress. This cost was also underwritten by the Migrant Health Project and the family left the area on July 22 a cohesive and moderately healthy unit.

E. K. is a 47-year old female who came with her husband and other crew members from Elkton, Florida, to Camden County, June 15; stayed about 37 days, and left July 22 for a Delaware destination.

Mrs. K. first came to our attention June 26 during a blood pressure screening visit on one of the Project Nurse's scheduled camp visitations. Besides having a blood pressure of 240/150, Mrs. K. informed us she was taking medication regularly for her heart and excess fluid and at the present time was out of all medications. She did not carry a personal record card with her but did have her empty bottles denoting she was taking Digalin and Dyazide. Mrs. K. works at the grader, fishes on her time off, and, other than occasional dizziness did not seem in much distress. A hemoglobin check at this time tested at 7.Gms. or 45%. Mrs. K. was cautioned as to activity and counselled as to diet and was given an immediate appointment to the Family Health Service clinic. Here she was continued on her previous medication with the addition of Serapese for the elevated blood pressure and Iron to counteract the anemia. Urine samples tested in the camp and at the clinic showed positive for both albumin and sugar. This, along with blood pressure, was to be checked many times in the next 10 days, and while the blood pressure subsided to 170/100 and the urine became albumin free, samples still showed a high content of sugar.

On July 10, as requested by Dr. Slade, a blood sample was drawn in camp for SMA-12 testing. On July 14, a telephone communication was received from the N. C. State Board of Health, informing us of the elevated parts of the test. Not only were Mrs. K.'s tests for Total Proteins, Alkaline Phosphatase and SGOT abnormally high, the Glucose factor was also increased to 189 mg.%. She was immediately started on Dymelor and repeated nursing checks showed she tolerated the medication well. On July 22, she left the area with a stabilized blood pressure and sugar-free urine and carrying a 10-day supply of

medication. She also carried with her a personal record card containing pertinent medical and follow-up information and an interstate referral was sent out.

Mrs. K. always seemed perceptive to the visits of the outreach workers and the Project nurse. She asked many questions and appeared eager and willing to follow through on suggestions and recommendations.

In working with Mrs. K., we had an unexpected "windfall"! Not only was good rapport established here with Mrs. K., her husband and other crew members--but with the crewleader himself. This further cemented the excellent climate that already existed.

Mrs. C. T. is twenty-one years old, from Johnson, South Carolina. She and her family have been with the migrant crew for several years, from Florida to New Jersey.

Mrs. C. T. was pregnant and expected delivery in early August. The Migrant Clinic provided her with regular prenatal care. However, she had no funds or plans for the delivery of her baby.

Funds for hospital delivery were made available through a special OEO grant. This grant came about when the Migrant Project helped the N.C.C.C. to develop a proposal for the grant which was aimed at family planning clients. All pregnant women were considered family planning clients eligible for in-patient care. Arrangements were made for Mrs. C. T. to have hospital delivery. Mrs. C. T. was the first patient to receive care from this Demonstration Grant.

On August 16, 1972, Mrs. C.T. gave birth to a baby boy. The birth was complicated by excessive bleeding. Fortunately, the patient had access to the hospital facilities for transfusion.

The new mother had no clothes for her baby. The Project Health Aide located some clothes and had them ready for her before her discharge from the hospital.

The following day, they were on the move again--to another area.

Mr. H. S., a native of Memphis, Tennessee, has spent many of his forty years as a migrant worker. He worked with a crew that was mainly Mexican-American, although he himself was a Negro.

Tuberculin Test Screening was a routine followed in all the migrant camps in Duplin County. During one of these screenings, Mr. H.S. was found to have a positive reaction. He then brought out a discharge card from Florida Tuberculosis Hospital. The man had not taken his INH or PAS for several weeks. He thought the Skin Test would tell him "how he was getting along".

Mr. H. S. was sent in to the Migrant Clinic for a chest X-ray and diagnosed probably active again with further test indicated. North Carolina Sanitorium at McCain suggested that he be admitted for observation if he could not be closely supervised in camp. On July 24, 1972, Mr. H. S. was admitted to the Sanitorium.

The patient accepted this well and really seemed anxious to go to the hospital. He had not felt well enough to work regularly and had spent most of his money on wine.

Pajamas, robe, and slippers were provided for the patient by the local Tuberculosis Organization. Transportation to the hospital was provided by the Migrant Health Aide.

Mr. H. S. was diagnosed as moderately advanced pulmonary tuberculosis-active, with prognosis of a favorable outcome. He is still being treated in the Sanitorium and is doing well.

Mr. M., a seventeen-year-old boy from Mississippi, came to Duplin County as a migrant worker for the first time this year.

Late on Friday afternoon, the Educational Counselor from the school's administration brought him to the Health Department. Mr. M.'s complaints were rather vague and the Public Health Nurse thought him to be depressed and withdrawn. Some of his complaints were suggestive of V.D.

On Monday, the Migrant Project Public Health Nurse arranged for Mr. M. to be seen at the V.D. Clinic. He was negative for V.D. The doctor thought that he was homesick and advised that the crew leader be contacted to send him home. However, Mr. M. did not want to go home until the end of the season. He expressed feelings of inadequacy and depression. The project nurse asked him if he would like to go to a special kind of doctor to talk about his needs. Then he wanted to know if the special doctor was a psychiatrist.

When he was told about the Mental Health Clinic, he immediately said that this was what he needed. In December of 1971, he had been a patient at East Mississippi State Hospital and was discharged on drugs (apparently Thorazine). He had been out of medication for several weeks.

The Duplin County Mental Health Clinic was contacted and an emergency appointment was arranged for that afternoon. Mr. M. was given a prescription for Thorazine which the Migrant Project bought.

Mr. M. began to improve. Contact was kept with the grower and the counselor. Two weeks after his first visit, Mr. M. was again seen in the Mental Health Clinic. This time, his Thorazine dosage was increased. The next day, he was to return to Mississippi so the Migrant Project bought a 30-day supply of the drug. Mr. M. was urged to go back to the Out-Patient Clinic when he got home and an Interstate Referral was sent to Mississippi for continuity of care.

Mr. R., 56 years old, was in Tyrrell County, a long way from home, when he suffered his second stroke in three years. Mr. R. had migrated to the Creswell area from Immokalee, Florida, however his home and family ties were in San Antonio, Texas. This is where he needed to be to receive continual care and proper supervision during his convalescence.

Dr. Robert Albanese (Columbia, N. C.) and Mrs. Pauline Bateman (PHN) made contact with the Migrant Health Project Headquarters in Austin, Texas, and with Mr. R.'s family, before making any plans to send him home. After confirming the fact that he would have a residence and home visit care, Dr. Albanese suggested that Mr. R. could only make the trip by air.

The North Carolina Council of Churches was contacted and they made the arrangements and provided the funds for Mr. R. to fly home.

Mr. R. does not speak English which presented an obstacle to all contacts made with him. The Project provided an interpreter who was able to visit Mr. R. in the hospital and speak with him in Spanish. Later, the Project Aide visited Mr. R. and through the interpreter was able to explain how he was to make his trip.

He was transported to the Raleigh-Durham Airport by a N.C.C.C. worker, who waited with him until he boarded the plane. He was placed in the care of airport attendants and was met by a representative of the Migrant Health Project in San Antonio.

Mr. R., records were sent to Texas through the Interstate Referral System.

D. Nursing and Outreach Services

The Project's goal was to provide primary health care to migrants in the following counties: Pasquotank, Camden, Currituck, Washington, Tyrrell, Hyde, Carteret, and Duplin-Wayne including case-finding, referral, treatment and follow-up of sick migrants and the members of their families.

The Project was lucky in employing the nurse who served in the Albemarle north last year as a full-time project nurse. She was assisted by the health aides working in the Albemarle south. The nurse provided direct supervision of the outreach workers and of the project's operations. In the Albemarle south, the nursing supervisors in the health departments provided such supervision. In Duplin-Wayne area, a nurse was hired from the Regional Medical Program grant to serve the home-based and out-of-state migrants year round. The N. C. State Board of Health regional nursing consultants worked with project nurses and provided the needed nursing consultation, especially in the areas of training, planning nursing and medical care services.

The Project staff worked with other groups and agencies mainly through the local migrant councils which served as local coordinating groups. The resources of the combined agencies were used in the provision of hospitalization, nutrition services, patient transportation and other services.

The efforts of the local health departments deserve a special recognition because of the enormous volume of health maintenance services they had provided and the manpower investment in these activities. Vocational Rehabilitation provided some hospitalization. The Council of Churches provided food services and some patient transportation; the E.S.E.A. Program provided some health services to school children; the Social Services Departments provided some hospitalization.

II. Services Provided to Migrants

Nursing services were supported by standing orders signed by the appropriate medical personnel. These standing orders were reviewed periodically and revised to meet the needs of the services.

- a. Primary screening was done by nursing personnel, and referrals were made to the family health service clinics, or to the private physician's office to be examined and treated.
- b. Emergency medical care during nights and weekends were referred to hospital emergency rooms. These migrants were referred to the nursing service for follow-up.
- c. The nursing personnel and outreach workers staffed the family health service evening clinics and provided follow-up nursing services in the field.
- d. The nursing staff, acting on standing orders carried out minor medical care in the camps, schools and day care centers.

Forty-two nursing clinics were held during the season in those counties served by the project. These nursing clinics included tuberculin testing, Pap smears, GC smears, pediatric screening, pre-natal care, family planning, serology screening, blood pressure and hemoglobin screening. Within project area, referrals were made in person. The outreach workers helped to transport patients to locations of service. Referrals to other states (81) were made through using the inter-state referral forms, which, in case services did not exist in the next location, were sent to the home base. Follow-up services were also provided to fourteen patients upon discharge from the hospitals. Despite the shortage of nursing and outreach workers, we feel that the health care needs were met. Two outreach workers moved in six counties in the north-eastern part of the state to provide the needed services. In addition, more nursing clinics were held this year than the past year, and more care was rendered in the camps. Also, more referrals were made both within and out-of-project area.

E. Sanitation Services

General

The 1972 records supplied from the local health departments revealed that 3744 migrants were housed in North Carolina in 134 migrant camps. These camps were located in 22 counties. This is 25 more camps and 451 more migrants than we rendered services to in 1971. These migrant labor camps are under the supervision and inspection of the local sanitarians across the state. This report does not cover the camps located in the state with nine or less migrants as they are exempt under the 1963 migrant labor law. There are a large number of camps operating in the state with nine or less migrants and our only law that we were able to enforce at these camps was compliance with the state sewage law. There were a large number of "day hand" workers used; however, since there are no laws or records kept of these workers the actual number is not available. North Carolina continues to be among the states using large numbers of migrants. In view of the increased mechanized farming, the use of migrants increased over the previous year by 451.

Sanitation Activities

The sanitation activities for 1972 increased over the previous year with a more comprehensive program. In previous years, a grant through the Governor's Office from the Emergency and Contingency Fund has been provided to employ ten sanitarians to work in the counties with the largest migrant

labor population during June, July, and August. The General Assembly now provides money in the Sanitary Engineering Division budget to employ ten men to assist the local health departments with the summer migrant labor program during the growing and harvesting seasons. There were 14 counties receiving services from the employment of these ten sanitarian aides. These ten part-time employees were provided supplies and materials to aid in maintaining the migrant camps. These sanitarian aides visited the camps two, three, and in some instances more frequently each week in obtaining compliance with the state law and surveillance over the camps' sanitation. Approximately one-half of these ten men had worked on this summer program prior to 1972.

Attached is a map showing the counties receiving services from the part-time sanitarian aides. I am also enclosing a summary report of the activities of the ten sanitarian aides working on this summer program.

Routine sanitation activities were carried on as in previous years in accord with the 1963 migrant labor law. The sanitarians, for the most part, visited the growers prior to the arrival of the migrants in an attempt to work with the growers and promote compliance with the state law. They made inspections and instructed the growers on needed improvements to obtain a permit to operate. This is most essential (this prior inspection) before the migrants arrive. The migrant program continues to improve and better compliance is obtained.

The Employment Security Commission renders a great service to the local health departments by supplying the names of growers who have applied for migrant services. This state organization also assists with supplying names of those who attempt to use migrants without complying with state law and obtaining a permit. The growers and crew leaders have improved in their acceptance of the law and their cooperation. The local full-time sanitarians continue to issue permits and take action when necessary.

Administrative

The job of handling the summer migrant program continues to be a part-time position and is conducted by a district sanitarian. All district sanitarians have been requested and instructed to assist the local sanitarians in the migrant program and make this a part of their responsibilities.

Statistical Information

One hundred thirty-four (134) permits were issued to operate migrant labor camps with 10 or more migrants in twenty-two (22) counties with a population of thirty seven hundred and forty-four (3744) migrants.

Greene and Lenoir Counties have local regulations covering migrant labor camps housing two (2) or more but less than ten (10).

Field Sanitation

There is very little accomplished with field sanitation.

Crew Leaders' School

Two (2) ten-week schools for migrant crew leaders were held again this year in Wilson and Bladen Counties. The schools were held at the technical institutes and were sponsored by the Employment Security Commission and financed by the Manpower Development Training Act Fund. Approximately twenty (20) crew leaders attended each school. The district sanitarian assigned to the migrant labor program conducted classes two (2) days at each school. All areas of sanitation for migrant labor camps were taught to the crew leaders.

Summary

1. The general sanitation level of migrant labor camps continues to improve in most instances. In some counties the local sanitarian has issued permits for camps to operate without full compliance with the state law.
2. The sanitation at migrant housing with less than ten (10) is improving especially where local regulations have been adopted.
3. No improvements in field sanitation during the past year.

Objective for 1973

The objective for 1973 will follow the same objective and patterns as in 1972 except more promotion and better implementation of the state regulations will be carried out. Progress in past years has improved year by year and this procedure should be employed and continued.

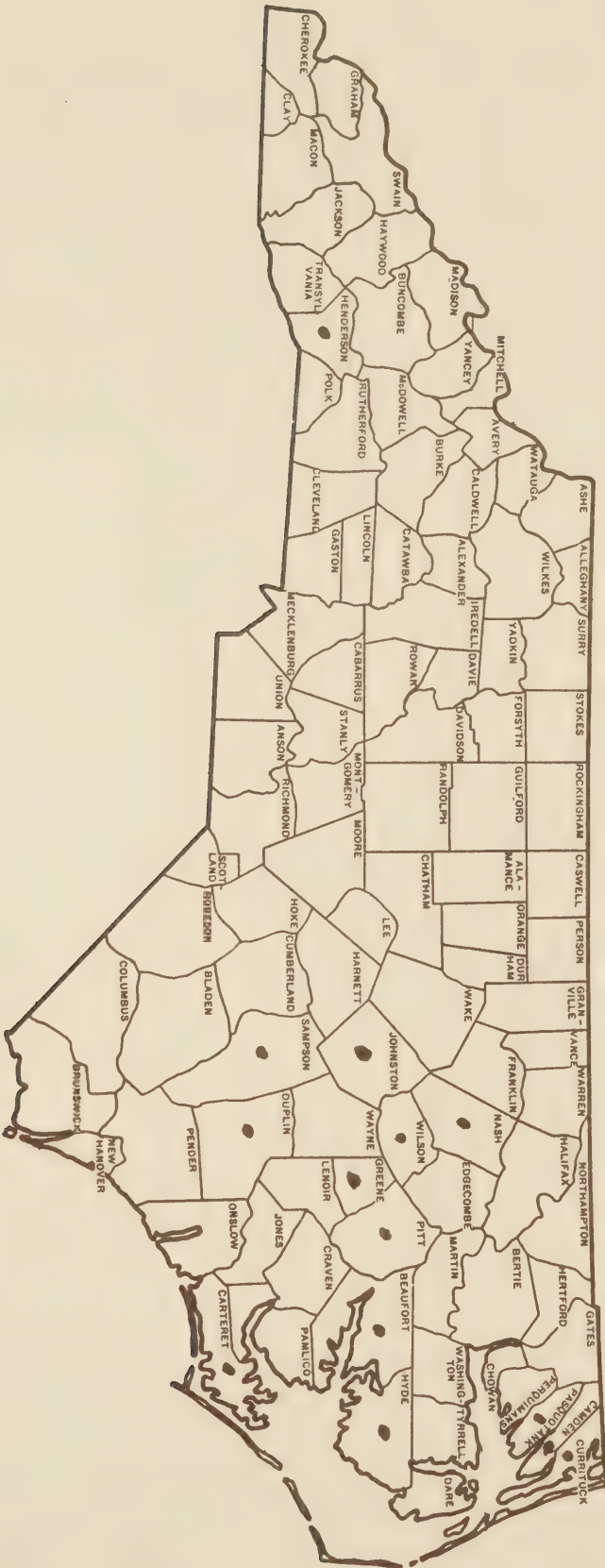
The objectives are as follow:

1. The district sanitarian will continue to work with the local sanitarians in their districts in implementing the migrant labor program.
2. Continue to cooperate with the Employment Security Commission giving technical assistance and obtaining information on growers request for migrants for follow-up work.
3. Continue the effective pre-season inspections, compliance checks and issue permits before workers arrive.
4. Promote better housing and sanitation at camp with less than ten (10).
5. Require camps with less than ten (10) comply with state sewage law (which is covered under state law).
6. Cooperate with and render assistance to other agencies, both public and private, which are concerned with migrant labor sanitation.

MIGRANT LABOR NORTH CAROLINA

COUNTIES RECEIVING SERVICES FROM SANITARIAN AIDES

1971



MIGRANT LABOR TABULATION

1972

<u>COUNTY</u>	<u>NO. OF CAMPS</u>	<u>NO. OF WORKERS</u>	<u>NO. OF INSPECTIONS</u>
Camden	4	134	8
Carteret	9	191	15
Craven	1	19	2
Currituck	2	65	4
Duplin	7	104	12
Harnett	3	75	3
Haywood	3	120	2
Henderson	7	258	0
Hyde	7	239	14
Johnston	24	481	151
Nash	8	237	7
Pamlico	1	80	1
Pasquotank	8	257	14
Pitt	4	45	0
Richmond	1	34	1
Sampson	33	894	33
Tyrrell	1	19	0
Wake	2	35	2
Washington	1	38	1
Wayne	2	111	4
Wilkes	1	20	0
Wilson	5	288	6
22	134	3744	280

1972 SUMMARY REPORT

Work of 10 Sanitarian Aides

Total Hours: 4835

Migrant Camp Visits (10 or more)	<u>1437</u>
Migrant Camp Housing (less than 10)	<u>1486</u>
Migrant Camps treated for Flies and Mosquitoes	<u>656</u>
Conferences with Migrants on Sanitation Matters	<u>1256</u>

	PROBLEMS FOUND	CORRECTIONS MADE
Garbage Storage	569	374
Cleanliness of Toilets	447	315
Protected Water Supply	87	36
Adequate Hot Water	153	60
Trash and Rubbish in Yard	380	262
Mosquito Breeding	223	105
Fly Breeding Area	262	158
Rat Harborage	95	33
Poor Drainage	114	48
Yards Grown Up	373	238
Adequate Refrigeration	26	21
TOTALS	2729	1650

General Comments

Privies Inspected	2144
Septic Tanks Inspected	195
Percolation Test	85
Well Inspections	633
Water Samples Collected	141
Privies repaired	42
Complaints investigated	5
Premises visited on Env. San. survey	37

F. Health Education Services

The objectives of the project in the area of health education were:

1. To improve the quality of health education in the local projects, and local health departments in non-project areas.
2. To improve communication skills and coordination efforts on all levels.
3. To increase the degree of utilization of services by migrants, and to help improve the delivery care system by involving migrants in the planning and evaluative efforts.

The project coordinators on the state level have background in health education. Also, the project worked with the Health Education Section of the N. C. State Board of Health in matters relating to training in health education and program development.

The outreach workers were trained in the health education methodology as part of the overall training program. They helped to identify the major health needs of the migrants and planned evening activities to educate the migrants in their camps, on their health problems. These activities differed somewhat from one migrant group to the other, depending on the group's awareness and interest. The outreach workers also explained the available health and related services and the specific procedures to utilize these services. Our records show that almost all migrants

who became sick were seen by physicians and followed up thoroughly while in project area, with a full effort made toward the continuity of care outside the state. Health education played a role in bringing about an increase in the number of those seeking preventive and health maintenance services.

From among the sick migrants, there was a considerable improvement in the migrants' understanding of sickness. We have had more patients coming to seek care for asymptomatic conditions--in the past not recognized by the migrants as sicknesses.

One major area of concern to health education was to help migrants influence the policies, procedures and finally, the delivery of care. This was done within and outside the Project Policy Board; the members of local policy boards receiving training in group work. The training of board members in Johnston County helped in improving the quality of the consumers' input in the work of the board. The state project's main area of operation as far as the policy board is concerned will be Duplin-Wayne area where services are year round. The project activities will be in full swing when the mobile unit arrives and is in operation by the end of January 1973. Since this report covers the activities of 1972, reports on the Project Policy Board will come in the next annual report. However, sub-boards that were active in other project areas will be

covered by this report under the section of Community Participation.

The Project has placed outreach workers in the following counties: Elizabeth City district, Washington, Tyrrell and Hyde, Johnston, Duplin-Wayne, and Carteret.

The health education effort which always was a team effort, centered around: explaining the services to migrants and the procedures of utilization, the identification of health needs and the discussions on how to meet them, the training of North Carolina crew leaders and **their** wives, nutrition demonstrations, the explanation of HSMHA policies in migrant health to local communities, the policy boards and their functioning, and community organizational effort especially to make the best of available resources and the development of potential resources. Health education efforts are hard to evaluate. However, indications for educational accomplishments can be seen in the following:

- Changes in migrants' attitudes and behavior in sickness. Migrants are becoming more willing to seek care for asymptomatic conditions. Also, more willingness has been shown in utilizing preventive services.
- The improved functioning of the projects' boards.
- The increased interest of local communities in services of migrants.
- The increased interest of migrants in the services as shown by increased utilization and greater involvement in planning and policy making.

G. Community Participation

The State Project provided training to members of local projects' policy boards upon request of the project or the board. The project provided continuous consultation to project staff on matters relating to policy board development and functioning. Occasionally, consultation was provided to the chairmen and/or members of the boards. Written guidelines were prepared and discussed with local projects.

The State Project was active in several geographical areas in the state. Migrant representatives in each project area met several times with project personnel and discussed the health services offered in their area. The State Project's intention is to have the main consumer representation in the areas where services are offered year round. Since these services started in January 1973, the full report on the State Project policy board will be presented in the next annual report. However, some of the recommendations of the sub-boards in those areas with seasonal activities were:

1. Need for extending more medical care in migrant camps
2. Need for more efficient patient transportation services
3. Need for increased dental care
4. Need for in-patient care.

These sub-boards endorsed the system of delivery and the quality of care rendered.

- The Project responded to recommendation No. 1 by extending standing orders to provide more medical care in the camps, and day care centers.

- The Project responded to recommendation No. 2 by mobilizing community effort in addition to the transportation services provided by the Project's outreach personnel. Outreach workers of other community agencies and groups helped in transporting patients. The N. C. Council of Churches occasionally transported patients to their home state. For example, they paid for the transportation of one patient from Tyrrell County to Texas by plane. Every migrant needing medical care was transported to the location of service.

- In response to recommendation No. 3, the Project added the services of a State Board of Health dentist. This year 114 people received dental care compared to 29 people last year.

- The Project was able, through combined community effort, to hospitalize 16 persons. These services were paid for by different local and state resources. However, the needs for inpatients remain far from being met.

Another demonstration of community participation is the work of the "local migrant councils." These are councils composed of representatives of agencies serving migrants on the local level. Migrants are invited to attend meetings. Migrant health services as well as local health departments are represented on these councils. The councils serve as a good mechanism for inter-agency coordination.

Raleigh, N. C. - February 1973

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